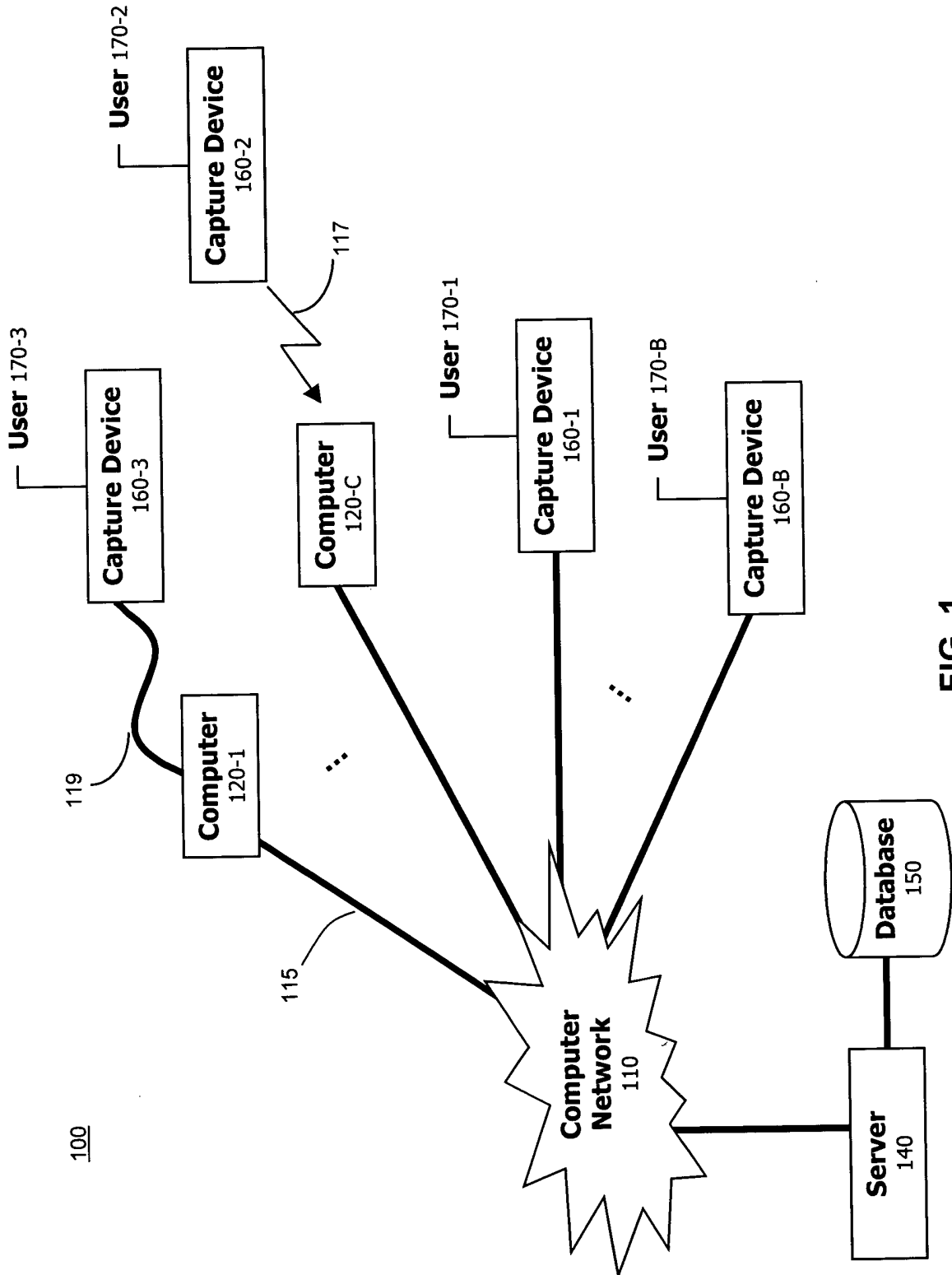


1/5



2/5

200

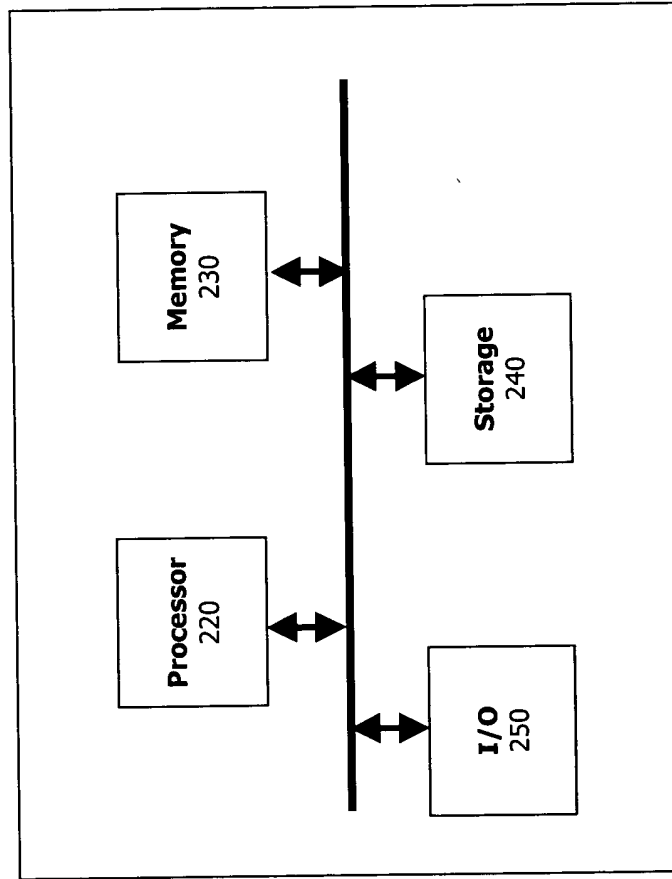


FIG. 2

3/5

300

340

350

☐ AM
 ☐ PM

310

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

320

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

330

2000 2001 2002 2003 2004 2005 2006

Sample Questionnaire

Q1. Are you male or female?
☐ male ☐ female

Q2. How old are you?
☐ 0-19 ☐ 20-45 ☐ 46+

Q3. How often do you drink carbonated beverages?
☐ sometimes ☐ always ☐ never

Q4. What is your favorite color?
☐ red ☐ blue ☐ green
☐ yellow ☐ other

360

370

☐ FORM 3B

FIG. 3

400

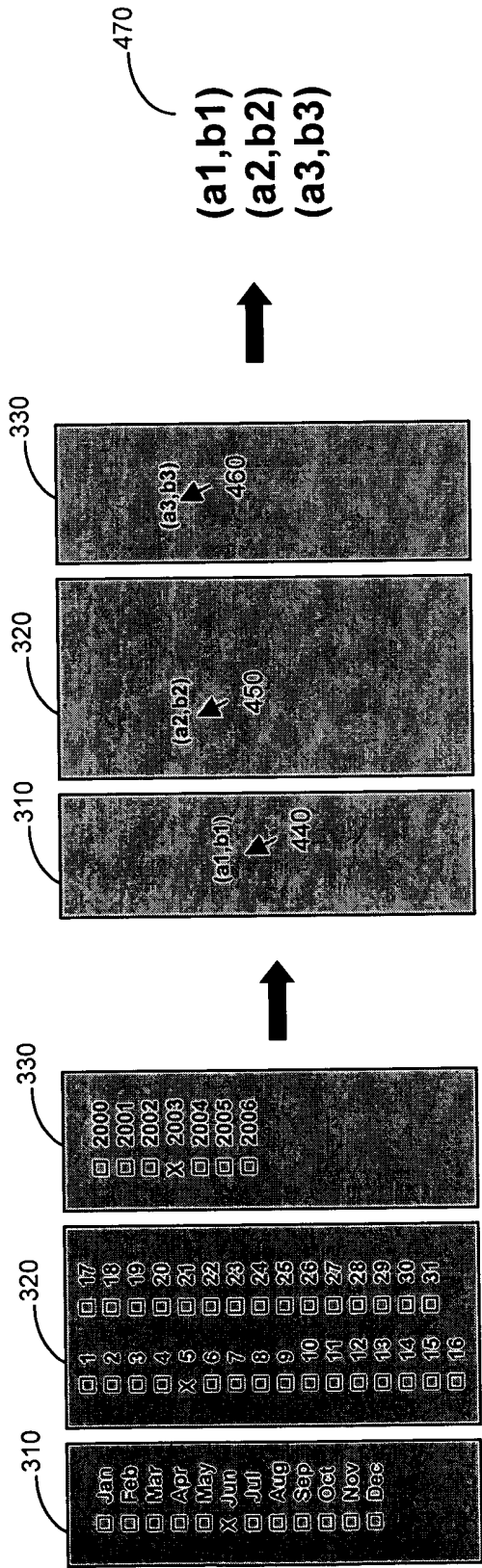


FIG. 4

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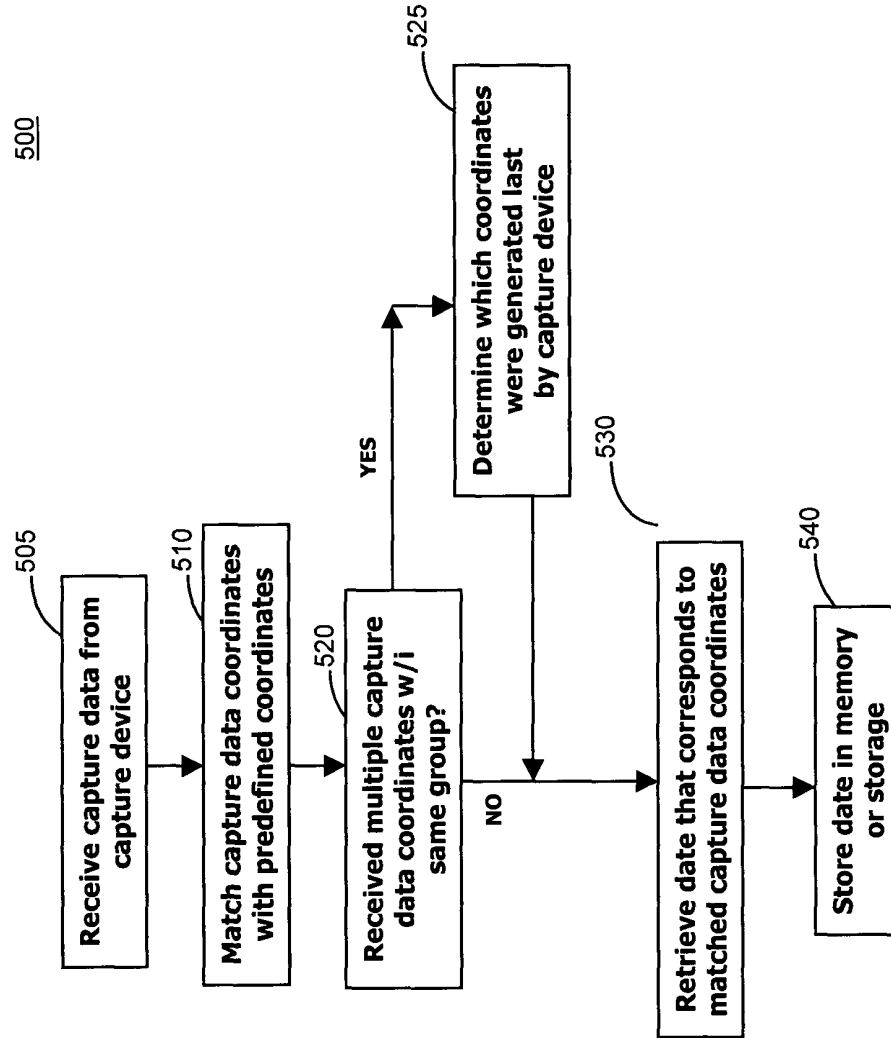


FIG. 5